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MACHYNLLETH RURAL DISTRICT COUNCIL
(INCLUDING PENNAL CIVIL PARISH)



T H E R E P O R T

--- of ---

THE MEDICAL OFFICER OF HEALTH

--- for ---

THE YEAR ended 31st DECEMBER, 1944

Medical Officer:
J.C. ASHTON, M.B., Ch.B.
Bodlondob,
Machynlleth.

Tel: 20.

MACHYNLLETH RURAL DISTRICT COUNCIL

H. M. ARTHUR,
Clerk and Rating
Officer,
Machynlleth.

DR. J.C. ASHTON,
Medical Officer,
Machynlleth

B. Brookes Evans
~~T. H. WILLIAMS,~~
Sanitary Inspector,
Machynlleth

July 17, 1945.

Gentlemen,

I beg to present to you my annual report for the year ending 31st December 1944. As some of the events which affected public health began at the end of that year and continued until the beginning of this year I have included them in this report in order to comment upon them whilst your memory of those happenings is fresh.

Among these was the discussion to appoint one Sanitary Inspector to do the work of the Rural Council and the Urban Council. This policy was recommended to you soon after the death of Mr. Richard Williams about ten years ago by the Welsh Board of Health but was not acted upon until the death of his successor Mr. George Peate in 1938 when the first qualified Sanitary Inspector for the Rural Council was appointed.

Mr. T.H. Williams who was then appointed however left early in 1940 to join the armed forces. The vacancy was then filled by Mr. Mills an unqualified person who officiated until 1943 and then left. He was followed by Mr. Owen whose only qualification was that he was a carpenter.

These repeated interruptions in the work together with the fact that the persons appointed had but little idea of the duties to be performed had a detrimental effect upon the work of this department. The surveying of houses, detection of nuisances and their amelioration, the inspection of cowsheds and dairies and the examination of milk and water supplies were imperfectly done and it became imperative to appoint a fully qualified Sanitary Inspector as soon as circumstances permitted.

The opportunity to do so presented itself when it became known that Mr. Brookes Evans the Sanitary Inspector of the Machynlleth Urban Council informed his employers that he had been appointed to another post elsewhere at a higher salary but that he would remain if similar conditions were offered to him in Machynlleth.

The two Councils as it will be remembered were not slow to realise that if he left, the whole district would be without a qualified man, and decided to appoint Mr. Brookes Evans as joint Sanitary Inspector, to take up his duties on April 1, 1945.

I refer to this decision because of its important bearing on what happened in December 1944 and January 1945 namely epidemics of more than usual seriousness in a district where one would least expect to find anything of the kind. These were
(a) Typhoid Fever at Llanbrynmair and (b) Diphtheria
(gravis type) at Pennal.

Typhoid at Llanbrynmair. Three cases were notified in

December 1944 and one in January 1945.

The three cases were children of different families but attending the same school. The fourth case was the mother of one of these cases and was infected by contact with her child.

Mr. Brookes Evans though he had not then been appointed gave me valuable assistance in taking case histories, issuing warning notices to milk vendors and to the public, collecting samples of milk water and faeces from contacts for bacteriological examination, the removal of patients, decontamination of bedding etc., services which could not be rendered by any one but a qualified official.

I regret to say that though investigations were conducted over a wide field and for a long time, the source of the infection was not discovered, but it is satisfactory to report that there were no further cases.

Diphtheria at Pennal in January 1945.

There were four cases - mother, two children and the mother's mother.

The mother died before notification was received. Swabs were taken from the throat of the dead woman, the two children and the grandmother.

Bacteriologist's report - Diphtheria gravis type virulent.

The old lady aged 68 lives at Aberganolwyn near Towyn Merioneth, and came to visit her people at Pennal. She came on a Saturday. Her daughter was dead on the following Wednesday. The children complained of sore throat but the old lady did not complain of anything.

The children were removed to the Cardiganshire Isolation Hospital near Aberystwyth, and were returned home after a month's treatment with negative reports. The grandmother was not "suffering" in the clinical sense, but it was considered advisable to remove her to the Salop Isolation Hospital at Monkmoor where she was detained for a month to return to her home at Aberganolwyn at the end of that time.

During her stay at the hospital it was discovered (1) that swabs from the nose throat and vagina were loaded with Diphtheria Bacillus Gravis type (2) that a relative of hers from the Aberganolwyn district had been admitted into that hospital last year suffering from the same type of Diphtheria.

These facts together with information derived from Aberganolwyn that other members of her family have suffered from Diphtheria during the past two years justify the conclusion that she conveyed the disease to Pennal.

Whether she is still a carrier I cannot say. That she was when she returned to her native place is beyond dispute. It is not irrelevant to ask why a person who is known to carry a dangerous disease is not detained at a proper institution? More direct is the question put to me by a Pennal mother "What is the good of treating children for diphtheria if the Health Authorities tolerate a carrier to move about freely among them?"

Isolation of infectious cases.

In the past the practice in Montgomeryshire has been to remove patients to Monkmoor, Salop. On this occasion the County Medical Officer of Health decided to send them to the Cardiganshire Isolation Hospital. This arrangement had the double advantage of bringing the patients under the supervision of the bacteriologist at the E.M.H. Aberystwyth to whom all swabs are sent from this district, and also of shortening the distance between home and hospital. But even though shortened, the distance to be traversed is according to relatives too great and the question arises why Merionethshire and Montgomeryshire depend upon Cardiganshire for an Isolation Hospital?

Sterilisation of infected material.

Neither Monkmoor nor Aberystwyth undertake to remove and sterilize infected clothing and bedding. This is left to the local authority.

Fortunately the owners of the building in which the decontamination apparatus was installed for A.R.P. purposes during the war gave permission to use the building, but we cannot be sure that this facility will be available in future.

Vital statistics - Rural Area.

Births: 50 children were born alive. The majority of these births took place in the homes of the parents under the supervision of District Nurses: the remainder at the Machynlleth District Hospital. It is a tribute to the care and skill of these nurses that there were no maternal deaths and not one case of puerperal sepsis. One child was a still birth. Two died soon after birth, and one other of the 50 failed to survive for twelve months.

In the civil parish of Pennal one child only was born.

Birth rate per thousand of the population. R.D.C. 15.2
" " " " " Pennal, less
than 3.

Deaths: 24 men and 24 women died in the rural district giving a rate per thousand of 14.6

In Pennal there were 5 deaths an unusually high number. Two of these died of Tuberculosis. It is but fair to say that these two had lived away from Pennal for many years but came back to end their days here.

<u>Causes of death</u>	<u>Rural District</u>	<u>Pennal</u>
Heart disease	13	1
Cancer	6	1
Kidney diseases	6	-
Cerebral conditions	4	-
Pneumonia	3	-
Appendicitis	2	-
Birth conditions	2	-
Tuberculosis, Influenza		T.B. 2
Diabetes, Bronchitis		
Road accidents	1 each	
Undefined	5	1

Immunisation against diphtheria

The response of parents of children continues to be good. Rural District nurses inform me that there are now but very few cases which have not received two injections.

Tuberculosis.

New cases notified:

	<u>Pulmonary</u>		<u>Non pulmonary</u>	
	m.	f.	m.	f.
Under one year	0	0	0	0
1 to 5	0	0	0	0
5 to 15	0	0	0	0
15 25	0	2	0	1
25 35	0	0	0	1
35 60	0	2	0	0
over 60	0	0	0	0
Total	0	4	0	2

It will be observed that all these cases are females.

Deaths from Tuberculosis - total 3. One from the Rural and two from Pennal.

	<u>Pulmonary</u>		<u>Non Pulmonary</u>	
	M.	F.	M.	F.
Under one	0	0	0	0
One to five	0	0	0	0
5 to 15	0	0	0	0
15 25	0	1 - Pennal	0	0
25 35	1	0 - Pennal	0	0
35 60	0	1 - Rural	0	0
Total	1	2	0	0

I am, Mr. Chairman and Gentlemen,
Your obedient servant,

J. C. ASHTON.
Medical Officer of Health